

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08/957709

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		2				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		2				
23		1				
24		2				
25	1					
26		2				
27		1				
28		2				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		2				
38		2				
39		2				
40	1					
41		1				
42		1				
43		1				
44		3				
45		1				
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55	1					
56		1				
57		2				
58	1					
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71	1					
72	1					
73		1				
74		1				
75	1					
76	1					
77	1					
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84	1					
85	1					
86	1					
87	1					
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94	1					
95	1					
96						
97						
98						
99						
100						
TOTAL IND.	22					
TOTAL DEP.	84					
TOTAL CLAIMS	106					